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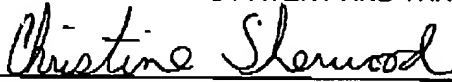
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**PLEASE DELIVER THE FOLLOWING PAGES IMMEDIATELY TO:**

Name: Commissioner of Patents  
Art Unit: 3738  
Examiner: Urmi Chattopadhyay  
Phone: 571-272-4748  
From: Mark Garscia  
Reg No. 31,953  
Re: Application No. 09/775,677  
Filed February 5, 2001  
Entitled METHOD AND DEVICE FOR TREATMENT OF MITRAL  
INSUFFICIENCY  
File: PVI-5697CIP/49988/MEG/E303

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I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO  
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON May 20, 2005.

  
Christine Sherwood

\*Correspondence: Amendment Transmittal, Amendment, and Petition for  
Extension of Time

For Office Services Use Only  
Return Fax to Christine Sherwood

Christie, Parker & Hale, LLP  
350 West Colorado Boulevard  
Post Office Box 7068  
Pasadena, CA 91109-7068  
626-795-9900  
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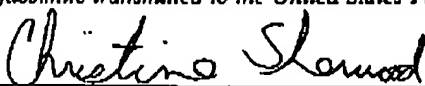
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

*I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on May 20, 2005.*

  
Christine Sherwood

Applicant : Jan Otto Solem, et al. Confirmation No. 3473  
Application No. : 09/775,677  
Filed : February 5, 2001  
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL INSUFFICIENCY  
Grp./Div. : 3738  
Examiner : Urmi Chattopadhyay  
Docket No. : PVI-5697CIP/49988/MEG/E303

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
May 20, 2005

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	30	*74	0	x \$25.00	x \$50.00	0
Independent Claims	7	** 13	0	x \$100.00	x \$200.00	0
Multiple Dependent Claims ***				\$180.00	\$360.00	
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 14, 22, 38, 40, and 75-77						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						

Attached is our check for \$ to pay the fees calculated above.

**Amendment Transmittal Letter**  
**Application No. 09/775,677**

X A Petition for Extension of Time.  
Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, L.L.P

By Mark Garscia  
Mark Garscia  
Reg. No. 31,953  
626/795-9900

MEG/cks

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Christine Sherwood

Appl No. : 09/775,677 Confirmation No. 3473  
Applicant : Jan Otto Solem, et al.  
Filed : February 5, 2001  
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL  
INSUFFICIENCY  
  
TC/A.U. : 3738  
Examiner : Urmi Chattopadhyay  
  
Docket No. : FVI-5697CIP/49988/MEG/E303  
Customer No. : 30452

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
May 20, 2005

Commissioner:

In response to the Office action mailed February 8, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.